CHAPTER VIII

SUMMARY OF THE FINDINGS, CONCLUSION AND SUGGESTIONS

Health status of the population is one of the significant indicators of social and economic well being. Recognizing the importance of health in the process of economic and social development and improving the quality of life of citizens, the Government of India has launched the National Rural Health Mission. Despite the NRHM and Government’s commitment to improve the availability of and access to quality health care to the people, especially for those residing in rural areas.

The birth rate in the country has come down from 49.2 per 1000 population in 1901-1911 to 21.8 per 1000 population in 2001-2011. But the death rate was 42.1 per 1000 population in 1901-1911, it again increased to 47.2 per 1000 population in 1911-1921. Then it was continuously declining from 36.3 per 1000 population in 1921-1931 to 7.1 per 1000 population in 2001-2011. The early reduction in death rate after 1921 was predominantly due to the control of famines and epidemics such as diarrhoea, plague and cholera.

Infant mortality has been continuously declining during the years. It was decreased to 58 infant’s death in 2005 and further to 40 infant’s death per 1000 live births in 2013. On the other hand, the maternal mortality rate is 178 per one lakh live births (2010-12) as compared to 398 per one lakh live births in 1997-98. The total fertility rate has shown a sharp decline from 3.6 in 1991 to 2.3 in 2013.
There is a remarkable increase in life expectancy at birth. In the period 1891-1901, the life expectancy at birth for a male was 23.6 years and the female was 23.96 years. It steadily increased during the periods. The life expectancy at birth for a male was 67.3 years as compared to 69.6 years for females in 2011-2015.

There are 29,964 Rogi Kalyan Samitis have been registered in India under NRHM. Out of this 732 of them registered in district hospitals, 4,759 of them registered in community health centres (CHCs), 930 of them registered in other than CHCs, 17,502 of them registered in primary health centres (PHCs) and 6,041 of them registered in other health facilities above health sub centres (HSCs) and below block level.

ASHA’s will be given induction training and provided with a drug kit containing generic AYUSH (Ayurvedic, Yoga, Unani, Siddhi and Homeopathic) and allopathic formulations for common ailments. There are 9.02 lakh ASHA’s have been selected from 2005-06 to 2014-15. Though 8.19 lakh of ASHAs have received the first module training, only 8.27 lakh have received the fifth level of training. There are 13,74,935 anganwadi centres sanctioned of which 13,42,146 were operationalised and 5,12,417 Village Health Sanitation and Nutrition Committees constituted in the country.

One of the core strategies of the NRHM for providing accessible health care to the population is to strengthen the health sub centres (HSCs), primary health centres (PHCs) and community health centres (CHCs) where health care is actually delivered. Accordingly, the NRHM envisages a total number of health sub centres functioning in India were 1,52,326. Of them 1,02,319 were functioning in government buildings, 1,44,991 were functioning with at least one auxiliary nurse midwives (ANM), 7,335
were functioning without ANM and 53,682 were functioning with second ANMs. A total number of primary health centres (PHCs) functioning in India was 25,020. Of them, 1,072 were functioning without a doctor, 6,336 were functioning with three staff nurses and 8,800 PHCs functioning on a 24x7 basis. There are 5,363 community health centres were functioning. Of them, 885 were functioning with three staff nurses, 1,654 were facility survey completed, 1,040 were physical upgradation completed and 4,469 CHCs functioning on a 24x7 basis.

In India, there are 2,632 centres are operational as First Referral Units. On the other hand, 629 district hospitals were functioning as FRUs, 700 were functioning as sub district hospitals and 1303 were functioning as CHCs. The quality of the health workforce is crucial in delivering better health outcomes. There are 8,178 General Duty Medical Officers, of which 4,865 are on PHC level and 3,298 are other than PHC. There are 17,251 paramedical, 38,414 staff nurses and 71,552 ANMs in positions.

The institutional delivery has increased to 169.04 lakh in 2013-14 from 108.40 lakh in 2005-06. During this period the beneficiaries of JSY were increased to 106.48 lakh from 7.39 lakh. The number of polio cases was goes on decreasing and in the year 2012, 2013 and 2014 none of the polio cases were reported. The number of children vaccinated shows a fluctuating trend. The number of children who received all types of immunization was 230.78 lakh in 2007-08 and it remains 225.55 lakh in 2013-14.

The higher number of male undergone sterilisation was taken in the year 2010-11, which was 2,55,605 and lowest in the year 2006-07 which was 93,732. As far as in the female’s undergone sterilisation was higher in 2010-11, that is, 49,51,938. The
The number of acceptors of contraceptive methods fluctuates from year to year. The number of acceptors of IUD method has decreased from 6,184 thousand in 2005-06 to 5,411 thousand in 2012-13, conventional contraceptive users also declined from 26,188 thousand in 2005-06 to 13,931 thousand in 2012-13 and the users of oral pills has increased from 9,516 thousand in 2005-06 to 10,894 thousand in 2007-08. Then it has declined to 6,241 thousand in 2012-13.

The Government of India allocates fund for the State Governments for NRHM components. The total NRHM allocation which was Rs. 4,633.39 crore in 2005-06 has increased to Rs. 18,229.22 crore in 2013-14. In 2005-06, Rs. 4,633.39 crore was allocated for the programme and Rs. 4,433.75 crore released by the government, but the expenditure amount is only Rs. 3,204.17 crore. Upto 2007-08, expenditure was less than the release fund, but after 2008-09 allocation and release fund increased with decreasing rate, but expenditure incurred was seen more than allocation and release fund up to 2011-12. In the year 2013-14 allocation is Rs. 18,229.22 crore and released fund is Rs. 15,659.38 crore but expenditure is Rs. 21,029.94 crore. The introduction of NRHM in 2005-06, the allocation of the unspent amount has increased up to the year 2007-08 (Rs. 3,983.99 crores) but after 2007-08, it has decreased to Rs.-13,129.08 crore in the year 2013-14. After the implementation of this programme, Government of India has given more importance to increasing health care infrastructure facilities, RCH flexipool and NRHM flexipool and that's why expenditure was seen more than allocation and release fund.

In Tamil Nadu, birth rate had been declining for all the decades, except 1911-1921 and 1931-1941. During the decade 1901-1911, the birth rate was 42.1 per 1000 population, it decreased to 15.9 per 1000 population in 2001-2011. When compared
with India, Tamil Nadu had a low birth rate. As far as the death rate is concerned during 1901-1911 it was 31.6 per 1000 population and it increased to 40.4 per 1000 population in 1911-1921. Since 1921-1931, the death rate steadily declined to 7.4 per 1000 population in 2001-2011. The technological advancement and improved quality and health care services are the reasons for the rapid fall in death rate.

IMR has declined much more rapidly than India’s. It was 57 infant’s deaths per 1,000 live births in 1991. It steadily declined to 37 infant’s death per 1,000 live births in 2005. It further declined to 21 infant’s deaths per 1000 live births in 2013. As far as the state of Tamil Nadu have made remarkable progress in MMR over the years. The MMR has sharply declined from 131 per one lakh live births in 1997-98 to 90 per one lakh live births in 2010-2012. The total fertility rate declined sharply from 1.9 in 1991 to 1.7 in 2012. Fertility decline has been the effect of various socio-economic developments as well as government sponsored family welfare planning programme.

The male expectation of life at birth increased from 26.21 years in 1891-1901 to 68.6 years in 2011-2015. On the other hand, the female expectation of life at birth has continuously increased from 27.13 years in 1891-1901 to 71.8 years in 2011-2015. It may due to the improvement of the health status of the people.

Under the NRHM, there are 2,021 RKSs in Tamil Nadu. Out of this 31 RKSs registered in district hospitals, 385 in CHCs, 236 in other than community health centres or above block level and 1,369 in primary health centres and none of them registered in other health facilities above health sub centre and below block level.

On the other hand, there was no ASHA’s were selected from 2005-06 to 2007-08. After that, only 3905 ASHA’s has been selected. However, 2,650 ASHAs got
training from Module I to Module V. In the VI and VII module, 2307 have got training in the first round, 2,456 in the second round, 2,142 in the third round and only 1,953 in the fourth round.

There are 55,542 anganwadi centres sanctioned of which 54,439 were operationalised and 15,064 Village Health Sanitation and Nutrition Committees were constituted. A total of 68,977 health sub centres are functioning. Of them, 43,981 were functioning in government buildings, 66,573 were functioning with at least one ANM, 2,404 were functioning without ANM and 28,242 were functioning with second ANMs. All the PHCs are functioning with a doctor, 957 were functioning with three staff nurses and 1,229 PHCs are functioning on a 24x7 basis. In the case of CHCs, 385 are functioning as 24x7 basis, 236 were functioning with three staff nurses, 297 were facility survey completed and 297 were physical upgradation completed. On the other hand, 479 centres are operational as First Referral Units in Tamil Nadu and 55 district hospitals were functioning as FRUs, 127 were functioning as sub district hospitals and 297 were functioning as CHCs.

In Tamil Nadu, there are 1,750 General Duty Medical Officers, 213 paramedical, 4,627 staff nurses and 618 ANMs in positions. The number of institutional deliveries was 10.78 lakh in 2005-06 then it increased to 11.16 lakh in 2007-08, further declined to 9.34 lakh in 2011-12 and then increased to 10.20 lakh in 2013-14. Under the JSY scheme, 33,54,238 people are benefited between the year 2005-06 and 2013-14.

In the year 2007-08, 11.30 lakh children were vaccinated with BCG and it was 10.40 lakh in 2013-14. While 11.34 lakh were vaccinated DP3 in 2007-08 then it increased to 11.79 lakh in 2010-11, further declined to 9.23 lakh in 2011-12. But in
2012-13 none of them were vaccinated and only 0.02 lakh in 2013-2014. On the other hand, 11.25 lakh children’s were vaccinated for measles in 2007-08 and 10.33 lakh in 2013-14. The number of children who received all types of immunization was 11.18 lakh in 2007-08 and 9.94 lakh in 2013-14.

The number of male’s undergone sterilisation was higher in 2009-10, that is, 2,603 and 734 in 2006-07. But in the female’s undergone sterilisation was declined from 3,56,202 in 2006-07 to 2,56,969 in 2013-14. The number of acceptors of IUD has decreased from 396 thousand in 2005-06 to 310 thousand in 2008-09, then it increased to 349 thousand in 2009-10 and again it declined to 334 thousand in 2012-13. The conventional contraceptive users also declined from 204 thousand to 110 thousand during the year 2005-06 and 2012-13 and the users of oral pills has declined from 137 thousand in 2005-06 to 90 thousand in 2009-10, it has increased to 119 thousand in 2010-11. Then it has sharply declined to 30 thousand in 2012-13.

From the inception of the NRHM programme in the year 2005-06, the total NRHM allocation has increased year after year in Tamil Nadu. The total NRHM allocation which was Rs. 238.52 crore in 2005-06 has increased to Rs. 883.94 crore in 2013-14. The total NRHM release, which was Rs. 251.21 crore in the year 2005-06 and it has increased to Rs. 948.14 crore in 2012-13. After 2012-13, the amount released by the Government of India has decreased to Rs. 799.31 crore in 2013-14. The total NRHM expenditure which was Rs. 206.17 crore in 2005-06 has increased to Rs.1,128.92 crore in 2013-14. The expenditure under RCH flexi pool, NRHM flexi pool and infrastructure maintenance components are contributes the high share. The allocation of the unspent amount has increased up to the year 2007-08 (Rs. 210.02 crores) but after the year 2007-08, it has decreased to Rs. -357.63 crore in 2013-14.
This shows that all the funds allocated to the NRHM have utilized properly in the state.

**Summary of the Findings**

This study shows that the post NRHM period the birth rate is lower as compared to the pre NRHM period in Kanyakumari district. Before the implementation of NRHM, the mean value of birth rate is 18.28. While after the implementation of NRHM of birth rate the mean had come down to 14.77. So, it is clear that after the implementation of NRHM there is a remarkable reduction in the birth rate.

This study proved that the pre NRHM phases the mean value of death rate is 6.56. In the post NRHM phase, the mean had declined to 6.36. A comparison of the death rate in the pre and post NRHM phases shows that difference is minuscule that is, 0.19. It means that there is a reduction of only 0.19 in the death rate in post NRHM phase in Kanyakumari district.

This study found that IMR has declined more in the pre NRHM phase than the post NRHM phase. In the pre NRHM phases the mean value of infant mortality rate is 13.65. While after the implementation of NRHM to infant mortality rate the mean had come down to 8.66.

This study reveals that in the post NRHM period the number of still birth declined to a greater extent. In the pre NRHM phases the mean value of a number of still birth is 194.63. While after the implementation of NRHM to a number of still birth, the mean had come down to 93.13. This study proved that a statistically significant. It means that there is a significant reduction (101.50) in the number of still birth in the post NRHM period in Kanyakumari district.
It is clear that after the implementation of NRHM there is a remarkable reduction in the number of maternal mortality in Kanyakumari district. In the pre NRHM phases the mean value of a number of maternal mortality is 11.75. While after the implementation of NRHM to a number of maternal mortality, the mean had come down to 3.88.

In this study majority (46.5 per cent) of them belonged to the age group of 29 years and above. The mean age of the respondents is estimated at 28.56 years. This shows that respondents are mostly by the prime age group.

Marital status of the respondents shows that 96 per cent of them got married and were living with their husbands and children. On the other hand, 1.2 per cent of them were divorced and they were living with their children and the remaining 2.8 per cent of them were widows.

It is found that most (26.5 per cent) of them got married between the age of 22 and 24 years. The mean age at marriage of the respondents is 23.67 years. On the other hand, a maximum (30.5 per cent) number of spouses of the respondents got married between the age of 28 and 30 years. In this study mean age at marriage of the spouses of the respondents works out to be 28.30 years.

This study reveals that the majority (53 per cent) of the respondents are benefited under the marriage assistance scheme and 47 per cent of the respondents are not benefited. It is also found that the majority (34.9 per cent) of them got Rs. 25,000 as marriage assistance.

It can be observed from this study that most (33.3 per cent) of the people belonged to the Backward Class (BC) community. Followed by 24.5 per cent of them belonged to the Most Backward Community (MBC), 20.5 per cent of them belonged
to the Forward Class (FC) Community, 19.5 per cent of them belonged to the Scheduled Caste (SC) Community and only 2.3 per cent of them belonged to the Scheduled Tribes (ST) community.

As far religion, most (58.3 per cent and 41.2 per cent) of them are Christians and Hindus respectively and only 0.5 per cent of them are Muslims. In the study area, people of different religions live together without any hatred.

This study reveals that a majority (58.5 per cent) of the respondents prefers and give more importance to the nuclear family system than the joint family system. The joint family system is slowly disappearing giving way to the nuclear family system.

In the case of the nature of houses, the majority (39 per cent) of them residing in tiled houses, 22 per cent of them residing in asbestos houses and the remaining 26.8 per cent of them living in terraced houses or pucca houses and only 12.2 per cent of them residing in huts or thatched houses.

The study also finds that the respondents living in owned houses are more (92.5 per cent) than the respondent’s residing in rented houses (7.5 per cent) in the study area.

The study highlights that 95 per cent of the respondents’ houses have been electrified. The study also clears that 36 per cent of the respondents’ houses have no drinking water connection. As far as the sanitation facility is concerned, 93 per cent of the households have toilet facility, 40.5 per cent of the households have drainage facility and only 29.5 per cent households have rain water harvesting facilities. The absences of drainage facility in nearly 60 per cent of the households show that their environment is not conducive to maintain good health.
As far as the drinking water facility is concerned, 37.8 per cent of the households take drinking water from the open well, 30.8 per cent of them in public tap, 20.5 per cent of them use drinking water facilities provided by the local authorities or government through public connection directly to their households and 11 per cent of them are using bore well.

This study shows that the majority (65 per cent) of the households are treating the water, that is, used for drinking purpose and 35 per cent households do not treat the water and used directly. It indicates that more people are aware of the dangers of unsafe sources and the importance of treated water. This study also finds that most (82.7 per cent) of the households are using boiled water.

It is found that most (98.7 per cent) of the households having latrine facility, 0.8 per cent has used pit toilet and only 0.5 per cent used open air defecations.

It was inferred that 35.5 per cent of them had completed secondary education, 21.5 per cent of them had completed higher secondary level, 14.5 per cent of them had completed graduation and 6.5 per cent of them had completed professional education and only 0.5 per cent of them were illiterates. This study shows that the majority (91 per cent) of the respondents were home makers who did not work outside the home.

As far the educational attainment of the spouses of the respondents is concerned, 32.3 per cent of them studied up to secondary education, 24.7 per cent of them attained higher secondary education, 8 per cent of them are graduates, 4.2 per cent of them studied upto professional education and none of them were illiterates. This study also revealed that the occupation of spouses, 25 per cent of the spouses of the respondents were coolies, 23.2 per cent of them working as masons or
construction workers, 14.1 per cent of them working as government servant, 10.9 per cent of them working in the private sector, 7.3 per cent of them doing business, nine per cent of them working abroad, 8.6 per cent of them were drivers, 2.1 per cent of them were teachers and 0.5 per cent of them were tailors.

The most (45.5 per cent) of the respondents hail from a family with four members and the average family size of the respondents works out to be 4.7. This study indicated that 61.8 per cent of the family members are in the productive age group of 15 - 60 years. The sex-wise classification shows that 49.3 per cent of the family members are males and 50.7 per cent are females.

This study indicated that majority (51.8 per cent) of the households had income between Rs. 5,001 and Rs. 10,000 and the mean household income is Rs. 11,076.75. This study also shows that most (67.5 per cent) of the households spend between Rs. 1,001 and Rs. 3,000. The average monthly household expenditure on food is Rs. 2,831.22. The study brings to light that the majority (40.7 per cent) households spend less than Rs. 500 per month on medical care. The average monthly household expenditure on medical care is Rs.1,255.75.

It is clear from this study that majority (79.9 per cent) of the household spent less than Rs. 1,500 on other items. It means that only 20.1 per cent of the households spend more than Rs.1,000 on other items. The average monthly household spending on other items is Rs. 941.21. This study also proved that majority (52 per cent) of the families total monthly household expenditure is less than Rs. 5,500 and the overall average of total household expenditure is Rs. 4,994.96.

This study found that most (66.5 per cent) of the households had the habit of saving. On the other hand, 33.5 per cent of them did not save any money. The
maximum (59.7 per cent) number of respondents had not saved money because of their low income.

This study shows that the vast majority of the households had borrowings. In this study, 86 per cent of them were in debt and where as only 14 per cent of the households were free from debt. The average indebtedness of the household is Rs. 2,69,444.77. The maximum number of respondents borrowed money either for construction of houses or purchasing land, consumer durable goods and medical care.

This study proved that there is an association between education, education of spouses, occupation, occupation of spouses, family income and maternity benefits and utilization of maternal health care services.

The analysis of respondents preference for different health care systems of medicine taken for analysis shows that the allopathy is ranked first and it is followed by ayurveda, siddha, homeopathy, yoga, unani and naturopathy in that order. Though in Kanyakumari district hospitals are more in number, it is few and far between in rural areas and so the average distance in health care institution is 6.46 kilometres.

The study highlights that the majority (56.8 per cent) of the respondents prefer private hospitals and it is followed by (39.2 per cent) public hospitals for the treatment and only 4 per cent of the respondents prefer traditional health care centres.

This study indicates that fastness in getting the cure is the most important factor for the preference of private hospitals. The second reason for preferring public hospital is doctor’s patience and care given in treating patients. The third reason is closeness to their residence.

The availability of medicine at free of cost is the most important factor in preferring public hospitals. The next reason for preferring public hospital is doctor’s
patience and care given in treating patients. The main reason for preferring traditional health care system is there is no side effects and closeness to their residence.

This study revealed that 136 members are affected by communicable diseases. Of them, 30.15 per cent of them are affected by typhoid, 27.21 per cent of them are affected by chikungunya and 21.32 per cent of them are affected by dengue fever. It is followed by 7.35 per cent of them are affected by diarrhoea, 10.29 per cent of them are affected by yellow fever, 2.94 per cent of the members are affected by thakkai fever and only one person is affected by malaria.

On the other hand, there are 122 persons are affected by non communicable diseases. The maximum (22.95 per cent) number of persons affected by ill-health is due to the diabetics. It is followed by heart diseases; arthritis, blood pressure, kidney stone, bone fracture and accidents.

This study found that a vast majority (87 per cent) of the respondents has made the early registration of their pregnancies. This could be the result of the awareness generated due to the launching of NRHM programme and high educational status of women. On the other hand, only 13 per cent of the respondents have failed to make early registration of pregnancies. All the 400 respondents have consulted doctors during their pregnancies and taken antenatal care.

In this study shows that most (63 per cent) of the respondents have taken pregnancy care from public health institutions (i.e., 44 per cent in PHCs, 11 per cent in health sub centres and 8 per cent in government hospitals) for getting maternity benefits under Dr. Muthulakshmi Reddy Maternity Benefit Scheme.

This study indicates that nearly 98 per cent of the respondents have immunized with tetanus injections and only 2.25 per cent are not taken the tetanus
injections. More than 84 per cent of them have taken folic acid supplements and 88.25 per cent have to take iron supplements. Vitamin supplements are taken by 44.75 per cent of the respondents.

It is understood from the analysis that various types of complications are faced by the respondents during pregnancy period. There are 84 per cent of the respondents have suffered from hyperemesis gravidarum, 66.75 per cent of them suffered from anaemia, 49.25 per cent of them suffered from abdominal pain, 43 per cent of them suffered from back ache, 34.75 per cent of them suffered from gestational diabetes and 31.75 per cent of them suffered from edema in hands and legs. Twenty four per cent of the respondents had high blood pressure, 20.25 per cent of them had to bleed, 13.75 per cent of them had depression and 10.75 per cent of them had a urinary infection. Foetal problems are faced by nearly nine per cent of the respondents and 6.5 per cent of the respondents have faced miscarriage problems. Ectopic pregnancy and placenta previa problems are faced by 4.25 per cent of the respondents.

The present study shows that all the respondents have checked blood pleasure and urine test during their pregnancy period. 397 respondents have measured their weight, 266 respondents have measured their stomach with tape, 389 respondents have noted foetal heart beat, 393 respondents have tested blood and 194 respondents have taken scanning during their pregnancy period.

The study depicts that nearly 47 per cent of the respondents deliveries took place in private hospitals, around 30 per cent of the deliveries took place in government health hospitals, 21.5 per cent at primary health centres and only 2.3 per cent of the deliveries took place in hospitals outside Tamil Nadu, that is, in Thiruvananthapuram district of Kerala State and Tirunelveli district of Tamil Nadu.
It was found that most (88 per cent) of the deliveries of the respondents were attended by the doctors and only 12 per cent of the deliveries attended by nurses. This is a most welcoming factor to avoid increasing infant and maternal mortality. In the case of nature of delivery, the majority (54 per cent) of the respondents had caesarean deliveries and 46 per cent of them had normal deliveries.

The analysis brought to light that 47.25 per cent of the respondents are facing problems during their delivery. The most prevalent problem is labor lasting for more than 18 hours.

The study revealed that most (52.3 per cent) of the respondents have given birth to babies weighing more than three kilograms, 35.5 per cent of the respondents have given birth to babies weighing 2.50 to 2.99 kilograms and only 12.3 per cent of the respondents have given birth to low birth weight babies.

This study found that a majority (98 per cent) of the respondents have breast feed their children. Only 2 per cent of them had not followed breast feeding practices due to their health problems. The initiation of early breast feeding that is, feeding within one hour of birth followed by the vast majority (91.3 per cent) of the respondents.

This study shows that the majority (44.4 per cent) of the respondents have relied on breast feeding of their infants up to six months and only 12 per cent of the respondents have relied on breast feeding even after one year.

It was found that almost cent per cent of the children are vaccinated with BCG OPV 'O' dose and 98.50 per cent was vaccinated with Pentavalent OPV 1st dose. Pentavalent OPV 2nd dose was administered to 98.75 per cent of children and Pentavalent OPV 3rd dose was administered by 97.50 per cent of children. Measles
vaccine was provided to 95.25 per cent of the children. Tetanus vaccine was provided to 66.75 per cent of the children only. It is clear that the percentage of children provided with the different categories of vaccines marginally decreases till administering measles vaccines. But the steep decline is found in the case of children who were provided tetanus vaccine.

In the case of immunization, the majority (32.3 per cent) of the respondents have to choose health sub centres for immunization because they are closer to their dwellings. Nearly 27 per cent of the respondents have gone to the primary health centre, 19 per cent have gone to private hospitals and 15 per cent have gone to government hospitals for immunization. Only seven per cent of the respondents have availed immunization facilities available in the anganwadi centre.

Out of 400 respondents, 252 of them were got benefits from Dr. Muthulakshmi Reddy Maternity Benefit Scheme. Of these, the majority (69.84 per cent) of them got the full benefit of the scheme, that is Rs. 12000 as they have taken at least three antenatal care from public health institutions as well as had delivered in public health institutions, 21.03 per cent of the respondents have got only Rs.8000, as they have gone to private hospitals for the deliveries after taking, at least three prenatal care and 9.13 per cent of them have got only Rs.4000 because they have just registered their names for antenatal care and taken one or two antenatal checkups.

The majority (51 per cent) of the respondents have got benefit from JSY Scheme and the remaining 49 per cent of them have not benefited from JSY scheme because they have failed to take delivery and post delivery care in government health institutions.
The study depicts that nearly 36 per cent of the infants have suffered from cold, 19.4 per cent of them suffered from asphyxia, 16.7 per cent from a cough and 13.9 per cent from wheezing. Skin born and kidney problems are faced by 5.5 per cent of the infants and 2.8 per cent of the infants have suffered fever.

As far as the treatment of infants is concerned, the majority (56.9 per cent) of them were given treatment in private hospitals, 25 per cent of the infants in primary health centres and 18.1 per cent of them were given treatment in government hospitals.

This study demonstrates that most (59 per cent) of the women pointed out that they gave birth to their children between 10 months and 12 months of their marriage while 6.5 per cent of them stated that they gave birth to their children between 13 months and 14 months after their marriage. On the other hand, 5 per cent of them stated that they gave birth to their children between 15 months and 16 months of their marriage. It is interesting to note that 29.5 per cent of women gave birth to their children after 17 months of their marriage.

The present study also attempts to analyze the age at the time of sterilisation of the respondents and spouses. The majority (29.9 per cent) of them sterilized between 24 years and 26 years of age. While 18.4 per cent of them underwent sterilisation in the age between 21 years and 23 years, 25.4 per cent of them underwent sterilisation in the age between 27 years and 29 years, 10.7 per cent of them got sterilized at the age between 30 years and 32 years and 2 per cent of the women underwent sterilization between 36 years and 38 years of age. On the other hand, none of them underwent sterilization between 39 years and 44 years.
The present study also attempts to analyze the respondents’ knowledge of family planning. 83.5 per cent of women knew about vasectomy. But 86.5 per cent of them does not know about no-scalpel vasectomy sterilization. Best non spacing methods are Conventional Contraceptives (91.8 per cent), IUD insertions (83 per cent) and the Oral Pills (81.5 per cent).

In the case of reasons for non adoption of family planning, 25.8 per cent of women stated that it was not necessary. But they followed any one of the methods such as the rhythm method, abstinence, withdrawal and acceptors of contraception in the past as well as at present.

Out of 182 non adoptors, 36 are present contraceptive users. Of these, the majority (61.1 per cent) of them are conventional contraceptive users, 25.0 per cent of them used oral pills and 13.9 per cent of them used IUD insertion method. Reasons for the acceptance of contraceptive use at present are the respondents’ willingness to adopt the methods to delay the pregnancy and have spacing between children.

This study depicts that 91 per cent of them had never used any contraceptive methods to delay or to avoid pregnancy. On the other hand, only 9 per cent of them were present contraceptive users.

This study proved that there is an association between a source of drinking water, treatment of water, drainage, water pollution and mosquito disturbance and the communicable diseases such as diarrhoea, typhoid, yellow fever, dengue fever, malaria, thakali fever and chikungunya.

**Conclusion**

The twentieth century is a transformative century in the human history. There is a powerful changes had happened in information and technology segment or in the
entire knowledge segment. Health care also made a transformative shift in this period. India is also become a part of this transformative shift following the international process. Now, India had internationally acknowledged health care practitioners and hospitals. Indian nurses are famous for their patience and care given to patients. The main attraction of Indian health care is now its low cost with these positive factors our health care process has its own problems comparing to our health indicators India is far below with most of the advanced economies. The NRHM is a policy which is implemented to bring these indicators upward in 2005-06. The NRHM made a good change in the health care system. The IMR, MMR, still birth, birth rate and death rate are declined comparing to the past policies. This policy makes India a competitor to with advanced economies but still need to move forward. The results of the study provide the information about sanitation. In sanitation, India is too behind comparing to advanced economy. However, NRHM provide a platform to improve the sanitation and reduce communicable diseases. The NRHM provide maximum benefits for reproductive child health. It gives both monetary and health care benefit for pregnant women. Through NRHM the health of new born babies also improved tremendously. The NRHM provide a complete platform to give basic knowledge to the rural women and children on health care issue. NRHM increases the health care infrastructure and improve the health care access to rural people. This policy is still ongoing and its benefits give platform for new research.

Suggestions

Based on the study, the following suggestions have been made with regard to the National Rural Health Mission and its impact on health care services of the rural people in Kanyakumari district.
1. In Kanyakumari district most of the public health institutions in the rural areas don’t have any ambulance facility. Therefore the duty of the government to provide ambulance facility at the free of cost.

2. It is clear from the study that most of the rural hospital didn’t have specialist doctors. Therefore the government should appoint specialist doctors in those institutions.

3. The researcher also found that most of the government hospitals had untrained medical persons (like nurse, lab technicians). So it very necessary to appoint the qualified and trained persons. Because the PHCs and HSCs are the FRUs in the rural areas.

4. In the rural area most of the PHCs and HSCs are facing lack of infrastructure facility (building, beds, instruments, medicines and basic amenities). So the people force to prefer to the private hospitals for the treatment. It leads to the out of pocket expenditure. So the government must take necessary steps to create the infrastructure facility.

5. In this study most of the respondents are don’t consuming nutritious foods provided by the anganwadi centres through the public health department. Therefore it is necessary to create awareness among the people to consume the nutritious foods provided by the aganwadi centres.

6. Coming to the point of research data is one of the challenging factor persist in health care system. Researcher directly experienced the process how the bottom line health care professionals and workers are manipulators data to meet their personal target to protect their jobs. Researcher are using these data for statistical analysis which tell the story which is purely artificial. Only with
trained and morally good leadership can control this problem. The study recommends providing good training should provide to data entry level to be morally good and inform them about their job security.

7. Considering Kanyakumari district which is one of the well educated district of Tamil Nadu. Here majority of the people prefer the government hospital for monetary benefits. Recordically they will be in government hospital but use the private hospital. This process is happening mainly in maternal health related issues. There must be a strong monitoring system that the patients registered in government hospitals must be treated in the government hospitals itself.

8. Another important problem faced by the people in government hospital at the time taken for treatment. Long queue of patience to meet doctors and for every process time for health care. The study recommend an universal policy for every hospital to follow to reduce this much time consumption. The computerised automatic token system, records and every things must be computerised proper hospital management system will reduce time consumption to a great extent.

9. ASHA workers are the back bone of NRHM. In Tamil Nadu only few number of ASHA workers may select. It is very low to reach the entire rural population. So the government immediately post the vacancies based on population ratio.

10. The study also finds that the folic acid, iron tablets and vitamins tablets consumption are low among the pregnant women. To take this medicines, the public health department should take necessary actions and to create awareness to the importance of IFA tablets to the people.
11. The study finds that communicable diseases are one of the major threats to health care. The study also provides the information that sanitation is the prime factor for communicable diseases. The study recommend that the government to provide proper advice and awareness by the people.